

## **Instruction Guide: Do not write on this**

### **Personal Well-Being Report and Annual Notice of Rights to Petition Instructions**

Every year, appointed guardians must complete an annual report on how the ward is doing mentally, physically and socially. This is stated in Minn. Stat. § 524.5-316. The annual reporting documents includes:

- ✓ **Personal Well-Being Report**
- ✓ **Annual Notice of Right to Petition**
- ✓ **Affidavit of Service.**

The information provided in these documents is used by the court to ensure the ward is doing well under guardianship and to determine that the guardianship is still necessary. The Annual Notice of Right to Petition document is given to the ward so the ward knows his/her rights to terminate the guardianship (or end the guardianship) if it is no longer needed. The Affidavit of Service document provides the court with the date and address in which the Annual Notice of Rights was given to the ward.

#### **Important Notices and Resource Information**

- These forms can be found on [www.mncourts.gov](http://www.mncourts.gov) under “get forms”.
- If you do not understand the forms and instructions, you may contact the MN Courts Self Help Center at <http://www.mncourts.gov/Help-Topics/Self-Help-Centers.aspx#tab02SHCLocations> or by calling 651-259-3888

Helpful materials may be found at your public county law library. For a directory, see <http://www.lawlibrary.state.mn.us/clppubdir.rtf> . For more information, contact your court administrator or call the Minnesota State Law Library at 651-296-2775.

## What You Need to Do

1. Obtain the forms from the court website and use this instruction form as a guide.
2. Fill out the Personal Well-Being report and sign/date it.
3. Fill out the Annual notice of Rights to Petition, sign/date it and give a copy to the ward.
4. Fill out the Affidavit of Service, sign/date.
5. Submit documents to the court within 30 days of the anniversary of your appointment.
6. Each “step” is explained below in detail.

# STEP 1 (Fill out the Personal Well-Being Report, GAC-11-U)

State of Minnesota

District Court

County of 1

Probate Division

Judicial District: 2 ↓

Court File No. \_\_\_\_\_

Case Type: 14, Guardianship

In Re: Guardianship of

### PERSONAL WELL-BEING REPORT (Annual Report of Guardian)

3, Ward

As required by Minn. Stat. § 524.5-316 the Guardian makes this Annual Report for the reporting period from 4 to \_\_\_\_\_.

Instructions: Complete all paragraphs. **Attach additional sheets if necessary.**

1. The current mental, physical and social condition of the Ward is:
  - (a) Mental: \_\_\_\_\_
  - (b) Physical: 5
  - (c) Social: \_\_\_\_\_
2. The addresses and types of all living arrangements for the Ward during this reporting period: 6

1. In the upper left corner, fill in the county where the guardianship is filed.
2. In the upper right corner, fill in the judicial district number and court file number. These numbers can be found in the top right corner of the Order Granting Guardianship.

3. Fill in the name of the person under guardianship (the ward)
4. Fill in the anniversary (month/day/last year to month/day/current year) of when the Letters of Guardianship were originally issued.
5. Briefly describe the Ward's current mental, physical and social condition. These descriptions can be fairly short; just enough information to let the court know how the individual is doing.
  - a. Briefly describe the Ward's current mental condition. For example: dementia, Alzheimers, comatose, etc.
  - b. Briefly describe the Ward's current physical state. For example: walks with walker, uses wheelchair, bedridden, active, etc.
  - c. Briefly describe the Ward's current social state. For example: participates in activities at assisted living, attends weekly church, goes to weekly bingo, etc.
6. Fill in the Ward's living arrangement and address for the past year. Where does the ward live? Is it a house, apartment, group home, nursing home?

3.  There were no restrictions placed on the Ward's right to communicate and visitation with persons of the Ward's choice.

**OR**



- There were restrictions placed on the Ward's right to communicate and visitation with persons of the Ward's choice and the factual bases for those restrictions are:

**7**

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4. Medical, educational, vocational and other services provided to the Ward in the past year:

**8**

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5. My opinion of the adequacy of the care given to the Ward in the past year:

**9**

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6. Recommendation regarding continuation of the guardianship or scope of the guardianship: \_\_\_\_\_

**10**

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7. I have personally seen the Ward   **11**   times in the past year.

7. Are there special circumstances of who can and cannot see the ward? (Check one option) If yes, describe the restrictions. Factors that could result in restrictions of someone being able to communicate with the ward could include things such as physical or mental abuse, removing ward from residence without permission, or theft of property from the ward.
8. Fill in any schooling, therapy or classes the ward has participated in.
9. Describe the quality of care given to the ward over the past year. If the care was not acceptable, you, as the Guardian, would be expected to work to improve the care.
10. Should the guardianship continue? Fill in your recommendation.
11. Fill in how many times you have physically see the ward in the past year. For example, if the Ward lives with you and you saw him/her every day, list "365."

8. Pursuant to Minn. Stat. § 524.5-102, subd. 13a, a "professional guardian" or "professional conservator" means a person acting as guardian or conservator for three or more individuals not related by blood, adoption, or marriage. *(check boxes below if applicable)*
- I am a professional guardian according to the above definition. 12
- My answer to the above question reflects a change in my professional status since my last report to the court for this case.
9.  I have received the following amount of reimbursement for services rendered to the ward in the past year and this amount was not reimbursed by county contract: \$ 13

**This report must be served annually on the ward and to interested persons of record with the court within thirty days after the anniversary of the appointment of the guardian. If the personal well-being report is not filed within 60 days of the required date, the court shall issue an order to show cause.**

**An interested person may notify the court in writing that the interested person does not wish to receive copies of annual reports as required by law.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Address (list street/service address only; PO Box not acceptable)

14  
\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail address

12. Are you a professional guardian? If yes, fill in this question. If not, leave it blank.
13. If you are charging for your services, check the box and fill in the amount of money you have been paid to be guardian. Be ready to provide the Court detailed time records and the hourly amount you are charging. If you are not charging, leave the box unchecked and the line blank.
14. Fill in the date the guardian signs this form, guardian's signature, address, phone number and email (if available).

**STEP 2**  
**(Fill out the Annual Notice of Rights to Petition)**

State of Minnesota

District Court  
Probate Division

County of 1

Judicial District: ↓ 2  
Court File No. \_\_\_\_\_

Case Type: 14, Guardianship

In Re: Guardianship of

**Annual Notice of Right to Petition for Restoration to  
Capacity or Other Relief**  
Minn. Stat. §§ 524.5-310(g) and 524.5-316

3,  
Ward

To: 4 Ward

You have a right to ask the Court to end or modify the guardianship or for any order that is in your best interests or for any other appropriate relief, by filing a petition with the Court explaining why you believe the guardianship should end or be modified.

You have a right to object to the Guardian's change in your place of residence, and you have a right to ask the Court for a change of residence, by filing a petition with the Court explaining why the change should or should not be made.

You or any interested person on record with the court have a right to dispute any statement or conclusion contained in the Personal Well-Being Report regarding your condition by filing a written statement with the Court explaining why you disagree with any statement or conclusion in the Report.

If you wish to have a different guardian then you must file a petition for removal of the guardian, explaining why you believe the present guardian should be removed.

1. In the upper left corner, fill in the county where the guardianship is filed.
2. In the upper right corner, fill in the judicial district number and court file number. These numbers can be found in the top right corner of the Order Granting Guardianship.
3. Fill in the name of the person under guardianship (the ward)
4. After the “To”, fill in the name of the person under guardianship (the ward)

To petition the court you may call the Court Monday through Friday between 8:00 a.m. and 4:30 p.m. and ask that a form be sent to you, pick up the proper form at the Court, or access forms from the court’s public website at [www.mncourts.gov/forms](http://www.mncourts.gov/forms). The address of the Court is: \_\_\_\_\_

\_\_\_\_\_ **5** ↓ \_\_\_\_\_  
 and phone number is \_\_\_\_\_.

After a petition is filed the Court will schedule a hearing. You have the right to be present at that hearing and to have a lawyer represent you. If you cannot afford a lawyer, the Court will appoint one for you. You can call the Court to request a court appointed attorney.

You retain the right to vote unless your guardian informs you that the court terminated your right to vote.

**This notice must be served annually on the ward and to interested persons of record with the court within thirty days after the anniversary of the appointment of the guardian. An interested person may notify the court in writing that the interested person does not wish to receive copies of annual reports as required by law.**

Dated: \_\_\_\_\_ **6** \_\_\_\_\_  
 Signature of Guardian

5. Fill in the address and phone number of the court.

**Hennepin County Probate Court  
 C-400, 300 S 6th St.,  
 Minneapolis, MN 55487 612-348-3244**

6. Fill in the date the guardian signs this form and the guardian’s signature.

**\*Give a completed version of this form to the ward. You can serve the Personal Well-Being Report and Annual Notice of Right to Petition on the Ward (and any interested parties, if**



**4. If you gave the Personal Well-Being report to any interested persons, please list the name(s) and current address(es) of each interested person. Check if they were served by mail or personally served and the date.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Served  by mail or  personally on \_\_\_\_\_ (date)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Served  by mail or  personally on \_\_\_\_\_ (date)

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116. **5**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian

Name: **6** \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**FILE THE ORIGINAL PERSONAL WELL-BEING REPORT AND THIS AFFIDAVIT OF SERVICE WITH THE COURT**

- 5. Note: This is a perjury clause. By signing this document, you are swearing that everything is true and correct.**
- 6. Fill in the date the guardian signs this form, guardian's signature, address, phone number and email (if available).**

Submit all documents to the court annually, within 30 days of your anniversary date. By submitting these documents timely, you can avoid a Notice to File or Appear hearing, an Order to Show Cause hearing, warrants and court fines. You can file these documents either in person or by mail.